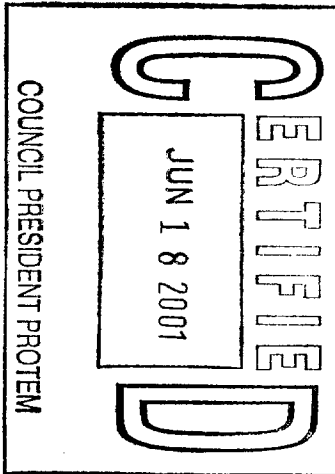


Entered -03-21-01 - sb
CL 01L0184 - GWENDOLYN BURNS

01-R-0861



CLAIM OF:

DIMAGGIO STEFAN SPENCER
332 Meadowood Manor
Lithonia, Georgia 30038

For vehicular damages alleged to have been sustained from construction cut in the roadway that was left in an open and unsafe condition on March 4, 2001 at 2500 Peachtree Road, NE.

THIS ADVERSED REPORT IS
APPROVED



BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVERSE REPORT JUN 18 2001

ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: 6/12/01

CHAIR: C. T. Monte

[Signature]

[Signature]

[Signature]



**CITY OF ATLANTA
OFFICE OF MUNICIPAL CLERK**

**RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK**

June 20, 2001

**55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103**

Dimaggio Stefan Spencer
332 Meadowood Manor
Lithonia, Georgia 30038

01-R-0861

Dear Mr. Spencer:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on June 18, 2001. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0184

Date: May 31, 2001

Claimant /Victim DIMAGGIO STEFAN SPENCER

BY: (Atty) (Ins. Co.) _____

Address: 332 Meadowood Manor, Lithonia, Georgia 30038

Subrogation: _____ Claim for Property damage \$ 645.00 Bodily Injury \$ unspecified

Date of Notice: 3/19/01 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 3/4/01 Place: 2500 Peachtree Road, NE

Department _____ Division _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when he drove through a sink hole in the roadway that was under construction and left in an unsafe condition. An investigation determined that Atlanta Gas Light Company performed work at the incident location. The utility company has accepted liability for the damages and is currently resolving the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others X Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

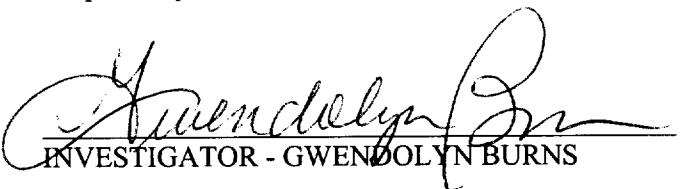
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 06-01-01

Committee Action: _____ Council Action _____

* MY POLICE REPORT NUMBER IS: # 010631655

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

RECEIVED MAR 19 2001

Today's Date: 03-15-01

Dear Municipal Clerk:

ENTERED - 3-21-01 - SB
0110184 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 645.00 and/or \$ N/A bodily injury for which I contend the City is liable.

1. Date of incident: 03/4/01 (month/day/year) 2. Time of Incident: 5:15pm 3. Police called: ✓ (REPORT ON FILE) Yes No

4. Location of incident (including street address): CORNER OF 2500 PEACHTREE ST.

5. Name of your insurance company: MARK W. INSURANCE Policy No. # GA6279268

6. State what and how incident occurred: I WAS GOING TO LENOX MALL TRAVELING FROM DOWNTOWN ATLANTA. I APPROACHED THE CORNER OF 2500 PEACHTREE STREET, AT NO IMMEDIATE OR VISUAL NOTICE. I HIT A LARGE POT HOLE, (IT BENT MY FRONT RIM AND BURST TWO NEW TIRES.)

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: MAZDA 92 490 YZL DIMAGGIO SPENCER
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: N/A
(Make) (City Driver's Name) (Department/Bureau) (770)

9. Witness: FRANCISCO SPENCER 332 MEADOWOOD MAN. 987-0719
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Dimaggio S. Spencer
Signature of Claimant

DIMAGGIO STEFAN SPENCER
(Print Claimant's Name)

332 MEADOWOOD MANOR
(Address)

LITHONIA, GA. 30038
(City, State and Zip Code)

(4) 532-2145 (7) 593-9405
(Work Number) (Home Number)

March 15, 2001

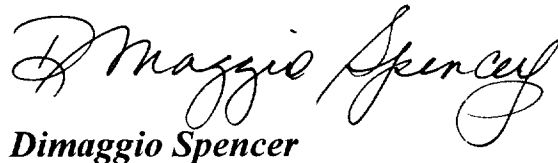
***DiMaggio S. Spencer
332 Meadowood Manor
Lithonia, GA 30038***

I would like to insert additional information for this claim, for the sole purpose of honesty and proof of this claim. I purchased a brand new set of 20" chrome wheels and a set of brand new 245x35x20 tires from: "Turn Key Automotive" located at 3984 Glenwood Rd. Decatur, GA 30032. You may contact Bruce (owner) or Adrian (clerk) at 404-289-1315, between the hours of 10am-6pm Monday-Saturday. They can provide full proof of damaged wheel and re-purchase of a 2nd tire. The set of wheels costed \$1820.00 the set of tires costed \$1,100.00

***In addition, it will cost an additional \$160.00 to have my bent Rim repaired.
You may contact "Wheelwizard" wheel repair specialist at 770-451-6333;
I called them for an estimate.***

In closing, I have spent \$650.00 for this incident with this pothole. Plus an additional \$160.00 to have my wheel repaired. Grand total of \$810.00!

Thank you,


Dimaggio Spencer

By signing this letter, I admit to full truth and honesty to this claim. Sole purpose of this claim is to receive reimbursement of damaged property.

RCS# 2946
6/18/01
1:53 PM

Atlanta City Council

Regular Session

CONSENT

Pages 1 thur 10

YEAS: 13
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 2
EXCUSED: 0
ABSENT 1

SEE ATTACHED LISTING OF
ITEMS ADOPTED/ADVERSED
ON CONSENT AGENDA

Y McCarty	Y Dorsey	Y Moore	Y Thomas
Y Starnes	NV Woolard	Y Martin	Y Emmons
Y Bond	Y Morris	Y Maddox	Y Alexander
Y Winslow	Y Muller	B Boazman	NV Pitts

ITEM (S) REMOVED FROM
CONSENT AGENDA
01-O-0878
01-O-0880
01-R-0733

CONSENT

**ITEMS ADOPTED ON
CONSENT AGENDA**

1. 01-O-0850
2. 01-O-0873
3. 01-O-0893
4. 01-O-0879
5. 01-O-0310
6. 01-O-0313
7. 01-O-0657
8. 01-O-0824
9. 01-O-0875
10. 01-O-0877
11. 01-O-0884
12. 01-O-0788
13. 01-O-0789
14. 01-O-0790
15. 01-O-0791
16. 01-O-0876
17. 01-O-0887
18. 01-O-0888
19. 01-R-0882
20. 01-R-0892
21. 01-R-0870
22. 01-R-0181
23. 01-R-0853
24. 01-R-0854
25. 01-R-0858
26. 01-R-0874
27. 01-R-0881
28. 01-R-0856
29. 01-R-0863
30. 01-R-0865
31. 01-R-0866
32. 01-R-0867
33. 01-R-0908

**ITEMS ADVERSED
ON CONSENT AGENDA**

34. 01-R-0859
 35. 01-R-0860
 36. 01-R-0861
 37. 01-R-0862
 38. 01-R-0864
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